

NELSON COUNTY, VIRGINIA

SPECIAL EVENTS PERMIT

Name of Event: _____

Date(s) and Time(s) to be Held: _____

Exact Location of Event: _____

Number of People Expected: _____

Organization Sponsoring This Event: _____

Address: _____

Telephone Number: _____

Primary Person in Charge: _____

Mailing Address: _____

Phone Number: _____

E-Mail Address: _____

Brief Description of Event: _____

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Approvals:

Emergency Services Coordinator: _____

Sheriff's Office: _____

Health Department: _____

Virginia Department of Transportation: _____

Virginia State Police: _____

Planning Department: _____

Approved: _____

Date: _____